

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>6/20/11</u>		2 Serial/Patent # <u>09/440,879</u>			
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing				\$
<input type="checkbox"/>	Amendment				\$
<input type="checkbox"/>	Extension of Time				\$
<input type="checkbox"/>	Notice of Appeal/Appeal				\$
<input type="checkbox"/>	Petition				\$
<input type="checkbox"/>	Issue				\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.				\$
<input checked="" type="checkbox"/>	Maintenance	/0	31911	\$ 1240	
<input type="checkbox"/>	Assignment				\$
<input type="checkbox"/>	Other				\$
			7 TOTAL AMOUNT OF REFUND	\$ 1240	
8 TO BE REFUNDED BY:					
<input type="checkbox"/>	Treasury Check				
<input checked="" type="checkbox"/>	Credit Deposit A/C #: <u>16--13757</u>				
9 REASON:					
<input checked="" type="checkbox"/>	Overpayment				
<input type="checkbox"/>	Duplicate Payment				
10 No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Carl Friedman</u>			TITLE: Petitions Examiner		
SIGNATURE: _____			PHONE: <u>2-6842</u>		
OFFICE: <u>Office of Petitions</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED: <u>Chlor</u>	DATE: <u>6/20/11</u>				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B